



Before the examination of MRI, please answer carefully to the following questions :

Name : **Surname :** **Date of birth :**/..... /..... **Weight :**Kg **Height :**m....

 Have you got a **pacemaker, implantable cardiac defibrillator, implantable Holter or neurostimulator ?** Yes No


Have you ever had heart surgery (**heart valve prothesis, stent, caval filter, coronary bypass**) ? Yes No
If so : - year of the implant : - type :

 Have you ever had **brain surgery ?** Yes No
If so, with implant (**neurosurgical clips, cerebral ventricular shunt, cochlear implant**) ? Yes No

 Did you spend a scintigraphy or Petscan there less than 48 hours ? Yes No

 Have you got **dentures or rings orthodontie ?** Yes No

 Are you **diabetic ?** Yes No
If so, do you carry on insulin pump Yes No

 Have you got **surgical prosthesis?** (hip, knee,nails,screws,skin expander) Yes No

 Have you got **hearing aid ?** Yes No

Do you suffer from **kidney dysfunction ?** Yes No

 **Are you pregnant or think you could be pregnant ?** Yes No

Are you breastfeeding ? Yes No

Do you suffer from allergies (drugs, food, **asthma, iodine**) ? Yes No

Have you got a blood pressure treatment (**Bêta-blocker**) ? Yes No

Have you got a **transdermal patch ?** Yes No

Have you had surgery there are less than 2 months ? Yes No

Have you got **metallic splinters** (bullets, shells) ? Yes No

Do you work with metal (**metallic splinters in eyes**) ? Yes No

Are you **claustrophobic or anxious ?** Yes No

Information that seems **significant** to be communicated and **serious illness** (**Hepatitis C, HIV, cancer...**) or **previous surgical intervention**

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Due to the strong magnetic field and waves from the MRI, **some items are not allowed in the examination room**, a safe is at your disposal:

- **Hearing aid, dentures, jewels, piercings**
- **Credit card, magnetic card, coins**
- **Mobile phone, watch, keys, lighter**

I declare to have been informed of various details and risks related to the examination. I give my consent for my personal data to be archived and transmitted to the medical profession (medical specialist, CPR, attendind physician...)

Done in Grasse, on **Signature,**

MAJ 02/06/2018

In accordance with the law relating to computers, files and freedom of 06/01/1978, you have a right to access, rectify and delete data concerning you and opposition to their treatment.

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